

Trafford College

2025-2026

Application form for:



- 19+ LEARNER SUPPORT FUND
- 20+ LEARNER SUPPORT CHILD CARE FUND
- ADVANCED LEARNER LOAN BURSARY

Part 1 Application Form

Do not fill in this form if:

You are aged 19-24 and have an EHC plan.

You are aged 16-18 on 31 August 2025.

Please check with Learner Services/Main Reception who can if applicable help identify the correct form for you to use to apply for financial assistance whilst at college.

Section 1: Student's Personal Details

First Name	Surname	
Date of Birth	Age on 1st September 2025	
Address		
Postcode	Email	
Telephone (landline)		
Telephone (mobile)		

Section 2: Student's Course Details

What is the full title of the course you have enrolled on? (including level)

Please note it is important that you write the correct full name of the course you will be studying. If you have received an offer letter it will be on this. OR it will be on your enrolment form/ in the adult prospectus

At which College site will you be studying?

Altrincham Campus Stretford Campus Other

Is your course Full time? Part time?

How many days per week will you be attending college for your course?

Section 3: Student's Residency Status

How many years have you lived in the UK, EU, EEA?

What is your current status in the UK? (tick one box only and then go to Section 5)

<input type="checkbox"/> UK National	<input type="checkbox"/> Indefinite Leave to Enter/Remain	<input type="checkbox"/> Discretionary Leave to Enter/Remain
<input type="checkbox"/> Exceptional Leave to Enter/Remain	<input type="checkbox"/> Leave to Enter as a student	<input type="checkbox"/> Asylum Seeker
<input type="checkbox"/> Full Refugee Status	<input type="checkbox"/> Humanitarian Protection	<input type="checkbox"/> Leave to Enter to accompany spouse/parent
<input type="checkbox"/> Leave to Enter as a visitor	<input type="checkbox"/> EEA National	<input type="checkbox"/> Pre-settled status (under EU Settlement Scheme)
<input type="checkbox"/> Settled status (under EU Settlement Scheme)	<input type="checkbox"/> Other (please state)	

Section 4: Student's Personal Circumstances

All Students - Please read through the following statements and tick the box which applies to you

<input type="checkbox"/> I am aged 19-24 and a Care Leaver and live independently - go straight to section 6
<input type="checkbox"/> I am aged 19-24 and a Care Leaver and live with other people - to section 5
<input type="checkbox"/> I live with my parents/guardians and claim a benefit in my own name/I am employed - to section 5
<input type="checkbox"/> I live with my parents/guardians and do not claim a benefit or work - to section 5
<input type="checkbox"/> I live with my spouse/partner - to section 5
<input type="checkbox"/> I live with my friend/shared house/rent a room - to section 5
<input type="checkbox"/> I live in sheltered/supported housing/refuge - to section 5
<input type="checkbox"/> I do not have a permanent home (homeless/moving between places) - to section 5
<input type="checkbox"/> I live on my own (single person household) - go straight to section 6

Section 5: Household Details

Please enter details of Student's Parent(s)/Carer(s)/Guardian(s) or Spouse/Partner as applicable in the table below

Adult A	First Name	Surname
	Relationship to Student	
Adult B	First Name	Surname
	Relationship to Student	

Section 6: Income Details

Please read through the list of different types of income/ benefits in the table below

Please tick **all** boxes which apply to your current financial circumstances (and your spouse/ partner if you have one) and enclose the evidence requested (Photocopies are acceptable)

Do not hand in this form without enclosing the correct evidence as we will not assess your application without it

Income/Benefit	Evidence Required	Tick to confirm evidence enclosed with application
Universal Credit	Your Three Most recent UC statements from DWP which state your monthly income.	<input type="checkbox"/>
Income Support	Recent award letter dated within 3 months which states entitlement to Income Support.	<input type="checkbox"/>
Job Seekers Allowance	Recent award letter dated within 3 months which states entitlement to Income Based Job Seekers Allowance.	<input type="checkbox"/>
Employment Support Allowance	Recent award letter dated within 3 months which states entitlement to Income Based Employment and Support Allowance.	<input type="checkbox"/>
Guarantee Element of Pension Credit	Recent award letter from the Pension Service which states your entitlement to Pension (guarantee) Credit.	<input type="checkbox"/>
Working Tax Credit AND / OR Child Tax Credit	Final 2024/2025 tax credit award notice which correctly states your income for 2024/2025 or your Annual Review for Year Ended 05/04/2025 .	<input type="checkbox"/>
Carer's Allowance	Recent award letter dated within 3 months which states entitlement to Carers Allowance.	<input type="checkbox"/>
Incapacity Benefit	Recent award letter dated within 3 months which states entitlement to Incapacity Benefit.	<input type="checkbox"/>
Bereavement Allowance	Recent award letter dated within 3 months which states you are in receipt of Bereavement Allowance.	<input type="checkbox"/>
State, Occupational or Personal Pension	Recent award letter from the DWP or letter from relevant organisation dated within 3 months which shows the amount of payment received.	<input type="checkbox"/>
Earnings from employment	If monthly paid - the most recent wage slip for each person who is working. If weekly paid the most recent weekly pay slip-for each person who is working.	<input type="checkbox"/>
Earnings from self employment	Self Assessment Tax Calculation (Form SA302) or audited accounts for 2024/2025. We need this for each person who is self employed.	<input type="checkbox"/>
Any other income (Do not include Child Benefit, DLA, PIP or Attendance Allowance)	We need to know if you have any income other than those listed above. If you have please tick adjacent box and provide relevant evidence.	<input type="checkbox"/>

Section 6: Income Details (continued)

Council Tax Bill	Council Tax bill showing 25% single persons discount (if you are the only adult in the household).	<input type="checkbox"/>
Letter from local authority	Recent letter from the local authority stating you are a Care Leaver plus evidence of household income from the list of evidence above	<input type="checkbox"/>
If no income – savings only	We need your 3 most recent current and savings account bank statements.	<input type="checkbox"/>

Section 7: Essential Equipment

If you have enrolled on a course and have been provided with an essential equipment and/or uniform list and you have purchased equipment/uniform for your course please can you provide receipts, please call into Learner Services with the receipts, or enclose with your completed form.

If you're unable afford to buy the kit/uniform, these can be purchased on your behalf via the fund, please call into Learner Services to discuss.

Part 2 Applying for help with childcare

If you will be under 20 at the start of your course, do not fill in this part of the application form

Ask Learner Services for details of the Care to Learn Childcare Scheme.

Section 8:

Your Childcare Provider Details

Fill in the sections below according to how many children you are claiming childcare for. Please fill in as accurately as you can to reflect the childcare needed for your timetabled classes in college.

Child 1			
Name of Child	Child's Date of Birth		
Name of Childcare Provider	Address of Childcare Provider		
Email address of Childcare Provider			
Phone number of Childcare Provider			
Type of Childcare Provision (Please tick)			
<input type="checkbox"/> Nursery	<input type="checkbox"/> Childminder	<input type="checkbox"/> Before School Club	<input type="checkbox"/> After School Club

How much does the childcare cost? Per day/ half day/ before school/ after school (delete as applicable)	Will the Provider charge during the school holidays? If yes, How much? Per day/ half day/ before school/ after school (delete as applicable)
£	£

Child 2 (if applicable)			
Name of Child	Child's Date of Birth		
Name of Childcare Provider	Address of Childcare Provider		
Email address of Childcare Provider			
Phone number of Childcare Provider			
Type of Childcare Provision (Please tick)			
<input type="checkbox"/> Nursery	<input type="checkbox"/> Childminder	<input type="checkbox"/> Before School Club	<input type="checkbox"/> After School Club

How much does the childcare cost? Per day/ half day/ before school/ after school (delete as applicable)	Will the Provider charge during the school holidays? If yes, How much? Per day/ half day/ before school/ after school (delete as applicable)
£	£

Section 10: Evidence of Receipt of Child Benefit

In order to apply for help with Childcare costs from the 19+ Learner Support Fund/Advanced Loan Bursary for your child/children, you must receive Child Benefit payments for them. We need to see evidence which shows this.

Please tick **one** of the following and enclose the evidence requested. Please note we cannot process your application without this evidence

Recent letter of Entitlement to Child Benefit which names child/children

Copy of child's/children's birth certificate

Please tick if in receipt of childcare element for working tax credits and state the days childcare element is used for

Part 3 Declaration by Student

You confirm that:

You have filled in all applicable sections and have enclosed all necessary evidence. That the information that you have given on this form is – to the best of your knowledge – correct and true. You will inform the College in writing of any change to your circumstances.

You agree that:

Trafford College can process data contained in this form along with supporting evidence provided as well as on your Student Learning Agreement in order to access your eligibility for the Learner Support Fund/Advanced Loan Bursary. If you have given personal information relating to anyone else on this form you have obtained their permission to do so.

Your information where relevant will be shared with 3rd party organisations. Application forms and associated evidence is stored securely on campus: for learners studying off site this data will be stored at one of our main sites.

You understand that:

You are applying for Public Funds and that you may be committing a criminal offence if you omit to disclose any information that may affect your application.

You undertake to:

Repay on request from the College any award that you the Student are not entitled to or any award which has been issued if you the Student withdraw from your course.

You agree that:

If your attendance falls below 90%, you have poor behaviour or make unsatisfactory academic progress, payment for travel and other costs will not be made.

General Data Protection Regulations Agreement

Please tick **one** of the following options:

I have read and understood the GDPR statement and I agree to the holding and sharing of my data in relation to this application.

I don't agree to the holding of my data in relation to this application and sharing it for funding purposes

Name (please print)	Date
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| Signature |

All application forms can be returned **by post** to our Altrincham Campus.

FREEPOST TRAFF COLLEGE

You do not need to pay postage. Please address your envelope exactly as above – DO NOT WRITE ANYTHING ELSE ON YOUR ENVELOPE

If possible, please send photocopies of evidence, however any original evidence documents will be returned if you have clearly indicated that you want them to be returned.